HEALTH CARE FACILITY PAGE 11/15/2010 15:04 8655945739 PRINTED: 11/15/2010 DEPARTMENT OF HEALTH AND JUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445494 11/03/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7824 RHEA COUNTY HWY LIFE CARE CENTER OF RHEA COUNTY DAYTON, TN 37321 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 000 INITIAL COMMENTS F 000 Amended 2567 on 11/15/10 to reflect correction of resident #15 (identified in F332) to identify the correct resident #18. During the annual survey conducted from November 1-3, 2010, complaint #TN00025623, was investigated. No deficiencies for the complaint were cited with 42 CFR Part 483 Requirements for Long Term Care Facilities. F 312 483.25(a)(3) ADL CARE PROVIDED FOR F 312 DEPENDENT RESIDENTS SS=D A resident who is unable to carry out activities of daily living receives the necessary services to F312 maintain good nutrition, grooming, and personal and oral hygiene. CORRECTIVE ACTION: Resident #10 nails were trimmed and cleaned on 11/2/2010. This REQUIREMENT is not met as evidenced RESIDENTS WITH POTENTIAL TO Based on medical record review, observation, BE AFFECTED: and interview, the facility failed to provide All residents' nails were observed for fingernail care for one (#10) of twenty residents appropriate nail care. Resident's nails reviewed. will be trimmed weekly. Resident's nails will be cleaned as needed. The findings included: SYSTEMATIC CHANGES: Resident #10 was admitted to the facility on April Nursing staff will be in-serviced by the 27, 2010, with diagnoses including Alzheimer's Staff Development Coordinator or Dementia, Osteoarthritis, and General Pain,

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Medical record review of the Minimum Data Set dated September 15, 2010, revealed the resident had impaired short and long term memory, and required assistance with all activities of daily

Any deficiency statement and by with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

living.

nail care.

interim Director of Nursing on proper

(XG) DATE

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STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		IULTIPL ILDING	E CONSTRUCTION	(X3) DATE	J. 0938-0391 SURVEY LETED
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F 312	Observation on Novin the dining room of finished lunch. Con nine fingernails had fingernail tips, the right middle fing and the left ring fing the remaining nail w. Observation on Noveland 1:00 p.m., in the a.m., in the resident fingernails had black tips, the right ring fin middle fingernail had left ring fingernail tip remaining nail was jat Observation and interesting inte	rember 1, 2010, at 1:30 p.m., evealed the resident had tinued observation revealed black debris under the ght ring fingernall was jagged, ernall had a corner broken off, ernall tip had broken off and as jagged and sharp. ember 2, 2010, at 7:30 a.m., edining room and at 10:18 is room, revealed nine adebris under the fingernall gernall was jagged, the right of a corner broken off, and the had broken off and the agged and sharp.	F3	312	MONITORING: Licensed nurses or designee we random nail care audits weekly months. The Interim DON or will report findings to the PI comonthly for the next 3 months committee, consisting of Executorian Director, DON, Staff Developing Coordinator, Medical Director Pharmacy Consultant, Business Manager, Social Services, Heal Information Management, Hur Resources, Dietary, and Housekeeping/Laundry Director review findings and make recommendations according to	y for three designee ommittee . The PI utive ment , s Office lth nan	
F 323 S\$≃D	p.m., in the dining rothed nine fingernals vingernals tips, the right middle fingernal the right middle fingernal the remaining nall was interview with LPN # confirmed the resider and jagged, requiring trimmed. 483.25(h) FREE OF A HAZARDS/SUPERVI	4 during the observation it's fingernails were soiled cleaning and needed to be ACCIDENT SION/DEVICES ure that the resident as free of accident hazards	F 32	3			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A. BUIL		iple construction	(X3) DATE COMP	SURVEY LETED
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	This REQUIREMENt by: Based on observative review of facility door the facility falled to prove the facility with diagnated September 6, had some difficulty with long tend difficulty with long tend difficulty with long tend difficulty with decision review of the MDS rehistory of falls in the Falls Risk Evaluation on October 5, reveal for falls. Review of the facility dated September 10, (Certified Nursing As (resident) to BSC (befores, was seated, CN/to restroom, While a stood up from BSC as the facility dated of the facility dated for falls.	on, medical record review, cumentation, and interview, provide staff supervision for falls of nineteen residents d: mitted to the facility on April oses including Malaise, and I Reflus, Atrall Fibrillation, y Anemia, Ostoarthrosis, and Minimum Data Set (MDS) 2010, revealed the resident with short term memory, norm memory, and some in making skills. Continued evealed the resident had a last 30 days. Review of the lated September 10, and ed the resident, was at risk provided documentation 2010, revealed. "CNA sistant) assisted res. In did side commode). Once the sessiting roommate, the res. In of the next in floor in falling attons were: Staff stay with	F 3	323	CORRECTIVE ACTION: Resident #7 has been assessed and intervention initiated. Car has been updated with intervent RESIDENTS WITH POTENTI BE AFFECTED: All residents are assessed for fa admission, quarterly, after signichange and after any falls. Care guides will address interve and utilized by nursing staff. SYSTEMIC CHANGES: All nursing staff will be in-serviced Staff Development Coordinator of designee on fall interventions, prevention and daily review of c guides. All falls will be reviewe effectiveness of interventions an updating of care guides.	e guide tions. AL TO tills on ficant to tions ced by or are	12/3/10

STATEMENT OF DERCIPICIES AND PLANO P CORRECTION A45404 NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RHEA COUNTY PREFET ADDRESS, GITY, STATE, 2P CODE TRACE RIFE COUNTY HWY DAYTON, TN 37321 CO.D.D. (SCAN DEFIGENCIES AND PRECEDED BY PILLI REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 3 Careguide to alert CNA's" Interview with CNA #1 (the CNA present at the September 10, 2010 fall) on November 3, 2010, at 8:15 a.m., by phone revealed the following: " Is aw the light and went to the room; this resident's roommade under the resident's roommade to use the (bedside) commonde, and this resident (87) also wanted to use the bed side commode. I place resident's 70 on the bed side commode and then placed the resident's roommate to catch resident #7 on the bed side commode. I place resident #7 on the bed side commode and then placed the resident's roommate to catch resident #7 on the bed side commode and the resident's roommate to catch resident #7. Is a strate to fall. I had them about two feet apart, and I couldn't turn loose of the resident's roommate to catch resident #7. The continued interview with CNA * 1 revealed the CNA was not aware of the intervention being placed in the careguida as recommended. Review of the facility provided documentation dated October 5, 2010, revealed, "CNA (Certified Nursing Assistant) assisted rese (resident) to BSC (bedside commode) and instructed not to get up; CNA fine assisted roommate. While CNA was assisting roommate, research within a few seconds. Sent to ER (emergency room) for evaluation "Sent to Stay with pt. (petient) (while on BSC) until (resident) is safe in bed unless family present to assist (resident)." Medical record review of the Resident Transfer Record dated October 9, 2010 revealed the resident was sent to the emergency room due to complaint of "severe headactoe to left frontal area, and x-ray of left arm (due to) complaint of pain with range of motion." The primary diagnosis was "Fall-HA (headactobe) Bruising to left e	CILITATE	NO I OK MEDIONIKE	A MICHIGATIO OF MARCO			··········	CIVID INC	2. 0830-0381
ANALE OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF RHEA COUNTY Description (RACH DEPROGRAY MUST BE PRECEDED BY FULL PRETATION (RACH DEPROGRAM (RACH D	STATEMEN' AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	75 30 60 60 60 60				
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careguide to alert CNA's" Interview with CNA #1 (the CNA present at the September 10, 2010 fall) on November 3, 2010, at 8:15 a.m., by phone revealed the following: "I saw the light and went to the room; this resident's roommate wanted to use the (bedside) commode, and this resident (#7) also wanted to use the bed side commode. I place resident #7 on the bed side commode. I place resident #7 on the bed side commode and then placed the resident's roommate on the bed side commode. Then resident #7 started to fall. I had them about two feet apart, and I couldn't turn loose of the resident's roommate to catch resident #7. Continued interview with CNA #1 revealed the CNA was not aware of the intervention being placed in the careguide as recommended. Review of the facility provided documentation dated October 5, 2010, revealed, "CNA (Certified Nursing Assistant) assisted roommate. While CNA was assisting roommate, res. attempted to stand & fell over face first onto (the) head. A large hematome (no size given) appeared within a few secondsSent to ER (emergency room) for evaluation" Recommendation: "Staff to stay with pt. (patient) (while on BSC) until (resident) is safe in bed unless family present to assist (resident)." Medical record raview of the Resident Transfer Record dated October 9, 2010 revealed the resident was sent to the emergency room due to complaint of "severe headache to left frontal area, and x-ray of left arm (due to) complaint of pain with range of motion." The primary diagnossis was to the reinforced in the primary diagnossis was to the resident was sent to the remaining the primary diagnossis was to the reinforced in the primary diagnossis was to the reinforced in the primary diagnossis was to the primary diagnossis was to the reinforced in the primary diagnossis was to the proper was to the prima	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	
		Interview with CNA September 10, 2010 at 8:15 a.m., by pho saw the light and we roommate wanted to commode, and this use the bed side co on the bed side co on the bed side co on the bed side co resident's roommate Then resident #7 sta two feet apart, and I resident's roommate Continued interview CNA was not aware placed in the caregu Review of the facility dated October 5, 20 (Certified Nursing As (resident) to BSC (be) instructed not to get roommate. While C res. attempted to sta (the) head. A large I appeared within a fer (emergency room) fo Recommendation: " (patient) (while on BS bed unless family pre Medical record review Record dated Octobe resident was sent to complaint of "severe and x-ray of left arm with range of motion."	#1 (the CNA present at the 0 fall) on November 3, 2010, one revealed the following: "! ent to the room; this resident's of use the (bedside) resident (#7) also wanted to mmode. I place resident #7 amode and then placed the end of the bed side commode. I had them about couldn't turn loose of the end to catch resident #7. with CNA # 1 revealed the of the intervention being lide as recommended. If provided documentation 10, revealed, "CNA satisfant) assisted reseaside commode) and up; CNA then assisted was assisting roommate, and & fell over face first onto mematoma (no size given) we secondsSent to ER or evaluation" Staff to stay with pt. (SC) until (resident) is safe in assent to assist (resident)." We of the Resident Transfer er 9, 2010 revealed the the emergency room due to headache to left frontal area, (due to) complaint of pain "The primary diagnosis was ""		323	All falls will be reviewed by C Management Team, which con the DON, Staff Development Coordinator, Clinical Manager Services, Activities, Dietary, M Coordinator, Rehab Services M and Executive Director. Findings will be reviewed mon months by the PI committee, co of Executive Director, DON, S Development Coordinator, Med Director, Pharmacy Consultant Business Office Manager, Soci Services, Health Information Management, Human Resource Dietary, and Housekcoping/Lau Director, will review findings a	r, Social TOS Manager, Athly for 3 consisting taff dical , al es, undry and make	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE S	
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	forehead; last few of the staff. Resident record review of the October 10, 2010, r for recent injuries. Consultant on Nover confirmed the x-ray completed at the horizon Review of the Witnessigned by CNA #2 d revealed, "! was in patient in bed A. W #7) said he/she need helped (resident) on went to finish assistivas getting (the root leaned forward like (resident's name) lot hear me. While on r (resident) fell forward for nurse to come to Interview with CNA #8:00 a.m., in the contasked if she was away the resident was not side commode, state resident's "Careguide need to stay with the side commode. Observation on Noverevealed the resident at the same the fall from the bed state of the same the fall from the bed state.	lays (resident) is being fed (by fed self prior to fall)." Medical of CT scan completed on evealed the test was negative (Interview with the nurse mber 3, 2010, at 3:00 p.m., on the arm was not spital.) ses Interview/Statement Form ated October 5, 2010, (resident's room) assisting hile I was doing that (Resident ded to use the bathroom so I the bedside foilet. Then I ng (the) roommate. While I mmate) shirt on (Resident) to my way over to (resident) to my way over to (resident), it; I rushed out of room yelled room then went back." 2 on November 3, 2010, at ference room revealed when are of the "Careguide" or that to be left alone on the bed d she was not aware of the "are of the the was not aware of the resident while on the bed mber 3, 2010, at 4:00 p.m., in the bed, alert and a back. Interview with the time confirmed memory of the resident resulting in a visit to be pain resulting in a visit to	F 323			

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F 323	Continued From pa	ge 5	F3	323		
F 332 SS=E	November 3, 2010, room confirmed the supervision to preve	aterim Director of Nursing on at 2:00 p.m., in the dining facility failed to provide ent falls for resident #7, OF MEDICATION ERROR MORE	F3	332	er er	
	The facility must endication error rate	sure that it is free of es of five percent or greater.		CORRECTIVE ACTION Physician was notified of administration and new of the control	of insulin	12/3/10
	by: Based on medical re and interview, the fa medications without medication passes o percent error rate.	T is not met as evidenced accord review, observation, cility failed to administer error for four of forty observed, resulting in a ten		given. Physician was no multivitamin and Lopid, for multivitamin. RESIDENTS WITH POBE AFFECTED: All residents have the poeffected.	otified of with new order TENTIAL TO	8
	April 30, 2010, with a Mellitus and Senile E Medical record review dated October 25, 20 Novalog (insulin) a (b (sliding scale) continu" Observation on Nove in resident #15's room Practical Nurse (LPN units to resident #18.	admitted to the facility on liagnoses including Diabetes tementia: w of the physician's order only, revealed "1. Give 4 units before) breakfast + SS ac (before breakfast) mber 2, 2010, at 8:20 a.m., or revealed Licensed of the diabete of the physician's revealed Continued observation had eaten all but a few hites	•	SYSTEMIC CHANGES: License nurses will be ed medication pass and the 4 Interim DON or Staff Der Coordinator. All licensed will be in-serviced on instadministration by the DO Development Coordinator weekly medication passes completed by the Interim designee for 4 weeks and by the consulting pharmac Regional Director of Clini for three months.	lucated on 5 rights by the velopment nursing staff ulin N or Staff r. Random s will be DON or then monthly	

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	Interview on Novem LPN #1 outside of r LPN #1 administered Novalog insulin after eating the breakfast ordered by the physic breakfast. Resident #17 was a September 28, 2016 Cellulitis (infection of Diabetes Mellitus.) Medical record reviet physicians order daily MVI (m mouth) daily Lopid the meal) 600mg (m daily) Observation on November 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	aber 2, 2010, at 8:50 a.m., with esident #18's room confirmed ed to resident #18, 4 units of er the resident had finished t, and Novelog 4 units was elician to be given before the dmitted to the facility on 0, with diagnoses including of the skin cells), Fatigue, and ew of resident #17's led September 28, 2010, ultiple vitamin) 1 PO (by diem (Gemfibrozii) PO AC (before illigrams) BID (two times amber 2, 2010, at 9:15 a.m., m revealed LPN #2 ultivitamin with minerals, and of the resident. Continued the resident had consumed of the breakfast meal. Der 2, 2010, at 10:05 a.m., at station with LPN #2 dministered one multivitamin enhance one multivitamin enhance one stated one minerals), and one Lopid 600 had finished eating the systician's order stated to before breakfast.	F 332	MONITORING: The interim DON or designee of report findings to the PI commitmentally for the next 3 months. committee, consisting of Execut Director, DON, Staff Developing Coordinator, Medical Director, Pharmacy Consultant, Business Manager, Social Services, Healt Information Management, Humn Resources, Dietary, and Housekeeping/Laundry Director review findings and make recommendations according to findings.	ittee The PI Itive ment Office th ian t, will	
	overso run #5 bis	pared 20 units of Novolog			İ	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/15/2010 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER 445494 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE	11/03/2010
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	,
LIFE CARE CENTER OF RHEA COUNTY 7824 RHEA COUNTY HWY DAYTON, TN 37321	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATION) TAG CROSS-REFERENCED TO THE APPROPRIATION DEFICIENCY)	D BE COMPLETION
F 332 Continued From page 7 insulin, for Resident #19 without rolling the vial. When the LPN was preparing to take the Insulin to the room, the technique for drawing up the insulin was questioned. When asked if the insulin had been rolled in the hands, the LPN stated, "Are we supposed to?" The surveyor referred the LPN to the instructions on the outer box for the insulin which stated, "Roll gently in hands to mix." Continued observation revealed the LPN disposed of the syringe of Insulin and prepared another syringe by rolling the insulin before drawing up in the syringeThen administered the insulin to resident #19. Interview with the Interim Director of Nursing on November 3, 2010, at 3:00 p.m., in the conference room confirmed the insulin was not prepared according to manufacturer's instructions. F 371 SS=F STORE/PREPARE/SERVE - SANITARY The facility must - (1) Produce food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT Is not met as evidenced by: Based on observation, facility policy review, and interview, the facility failed to store food, store cooking pans, maintain an ico-free freezer, and obtain food temperatures in a sanitary manner.	eter red in ice

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURV COMPLETES	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE Q	(X5) DATE
F 371	Continued From pa	age 8	F 371			,
	Observation and in Dletary Manager (C 9:30 a.m., to 10:15 revealed: in the me of cookie dough ½ opened; eight piece when opened; one steaketts not seale four beef fritters no opened. Observation continued of the steam table par buildup of food deb Observation on Norto 11:30 a.m., rever of white beans from thermometer from a linto the beans, obtained more ice water, to gravy, without sanitizing it, ratume glass of ice water; the gravy, without sanitizing it into the gravy, obtained the to sobtained more ice woods and without sanitizing it into the gravy, obtained more ice woods and without sanitizing it pork, obtained more ice woods and without sanitizing it into the gravy, obtained more ice woods and without sanitizing it memometer to the observation at the sobtained more ice woods.	terview with the Certifled CDM) November 2, 2010, at a.m., in the facility kitchen at freezer; one ten pound box full not sealed or dated when es of fish not sealed or dated when es of fish not sealed or dated full ten pound box of pork d or dated when opened; and t sealed or dated when on of the vegetable freezer oservation revealed the racks as were stored on had a ris. Vember 2, 2010, at 11:08 e.m., aled: the CDM removed a pan of the steamer, obtained a glass of ice water, inserted it be a glass of ice water, inserted it be glass of ice water, and inserted it into the pureed emperature, and without d the thermometer to the composition of the composition of the glass of ice water. Continued the gravy's temperature, and it into the gravy's temperature and it into the gravy's temperature.		SYSTEMIC CHANGES: Thermometer will be sanitized a cleaned according to policy. For the sealed and dated when opened Maintenance of the ice in freeze corrected. MONITORING: The dietary manager will audit to usage on weekly basis for one in the proper sanitation of food thermometer. The Registered Dowill observe proper sanitation at temperature taking for tray line for the next 3 months. The dietary manager will audit is dating and sealing of food week monitor for ice in the freezer. The Registered Dictician will observe dating and sealing of food and is freezer monthly for the next 3 in The PI committee, consisting of Executive Director, DON, Staff Development Coordinator, Med Director, Pharmacy Consultant Business Office Manager, Soci Services, Health Information Management, Human Resource Dietary, and Housekeeping/Lau Director, will review findings a recommendations according to	correct conth ictician and monthly he ly and he re for ce in the conths.	
	the thermometer fro	m the glass of ice water, and the glass of ice water, and thermometer, inserted it into				

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1-7-10 mm		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION	(X3) DATE S COMPL	
	A second	445494	B. Wit	1G_		11/0	3/2010
	ROVIDER OR SUPPLIER	COUNTY		7	REET ADDRESS, CITY, STATE, ZIP CODE 7824 RHEA COUNTY HWY DAYTON, TN 37321	f .	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 371	without sanitizing the thermometer to the thermometer to the the thermometer for without sanitizing the pureed pork, ob without sanitizing it, the glass of ice water from the glass of ice water the thermometer insucchini, obtained the sanitizing it returned of ice water; remove glass of ice water, a thermometer, insert obtained the temper it, returned the thermometer; removed the of ice water, without inserted it into a care	otained the temperature, and the thermometer, returned the glass of ice water; removed on the glass of ice water, and the thermometer inserted it into tained the temperature, and returned the thermometer to the removed the thermometer the water and without sanitizing the temperature, and without the thermometer to the glass the thermometer from the the ind without sanitizing the the ind without sanitizing the the ind without sanitizing the thermometer from the the ind without sanitizing the thermometer from the glass the sanitizing the thermometer, the ton of whole milk, obtained	F	371			
	Review of the facility use and maintenand revealed, "2, Hand thermometer before thermometer before swabs to carefully so interview on Novemble kitchen with the products were not sto the vegatable freeze the rack used to storsoiled with debris an	t sanitized before each use.					